PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1069633

CLAIMS AS FILED - PART I (Column 1)						mn 2)	-	SMALL ENTITY TYPE		or	OTHER THAN SMALL ENTITY	
TĊ	TAL CLAIMS		u				. [RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS				√ minus 20=		*		X\$ 9=		OR	X\$18=	•
IND	EPENDENT CL	AIMS	3 minus 3 =		*			X43=	-	OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM PI					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	I	TOTAL	,	OR	TOTAL	770
	C	LAIMS AS A	- PAR	RT II						OTHER THAN SMALL ENTITY		
		(Column 1)	(Colun			(Column 3)		SMALL	ENTITY	OR	SMALL	
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=	· ·	OR	X\$18=	· .
	Independent	*	Minus			= ,		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT OF							+145=		OR	+290=	
								TOTAL			TÕTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		OR	ADDIT. FEE	
		1 -										
AMENDMENT B	·	REMAINING NUM AFTER PREVI		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
Ľ	FIRST PRESE	CLAIM		ا ا	÷145=		OR	+290=				
				L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE				
	<i>:</i>	(Column 1)	(Column 3)	_								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		<u> </u>		X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						J`∤			0.1		
A to locate the section of the secti								+145=		OR	+290=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The All Cabanda Street	h Danishada Ba	d Fort (Total o	Indonond	ant) ic th	a highaet numbe	ar fou	nd in the ani	propriate box	k in co	lumn 1.	